## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
		155196	B. WING			R 09/28/2015	
NAME OF PROVIDER OR SUPPLIER  ALTENHEIM HEALTH & LIVING COMMUNITY				3525 E H	ADDRESS, CITY, STATE, ZIP CODE ANNA AVE APOLIS, IN 46237	1 00/	20/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K 0	00}			
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/06/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).  Survey Date: 09/28/15  Facility Number: 000103 Provider Number: 155196 AIM Number: 100290000  At this PSR survey, Altenheim Health and Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  This facility, occupying the A, B and C wings of the first floor of a three story building with a basement, was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the building electrical system in the A, B and C wings. The facility has a capacity of 87 and had a census of 68 at the time of this survey.  All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.						
ADODATODY	DIDECTOR'S OR BROVINER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR			TITI F		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155196	B. WING		· 	R 09/28/2015	
NAME OF PROVIDER OR SUPPLIER  ALTENHEIM HEALTH & LIVING COMMUNITY				3	STREET ADDRESS, CITY, STATE, ZIP CODE 1525 E HANNA AVE NDIANAPOLIS, IN 46237	1 03/	20/2010
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{K 000}	A Post Survey Revisi Code Survey and State conducted on 08/06/1 Indiana State Departr accordance with 42 C Survey Date: 09/28/1 Facility Number: 000 Provider Number: 15 AIM Number: 100290 At this PSR survey, A Community was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC Care Occupancies and The one story Rehabilitation Wing his smoke detection in the open to the corridor and hard wired to the fire sleeping rooms. The and had a census of 6 All areas where reside	It (PSR) to the Life Safety It (PSR) to the Life Safety It Licensure Survey Is was conducted by the ment of Health in ER 483.70(a).  It 103 Is 196 It 103 Is 196 It 103 Is 196 It 103 It	{K (	·			

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ALTENHEIM HEALTH & LIVING COMMUNITY  INDIANAPOLIS, IN 46237  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)  [K 000] Continued From page 2  [K 000] Continued From page 2	NAME OF PR	ROVIDER OR SUPPLIER		l	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	20/2013
(X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  [K 000] Continued From page 2  [K 000] Continued From page 2	ALTENHE	IM HEALTH & LIVING CO	DMMUNITY					
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	{K 000}			{K 0	000}	DEFICIENCY)		